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APPLICATION NUMBER

**BAYER HEALTHCARE LLC** 

SHAWNEE MISSION, KS 66201

FILING OR 371(C) DATE

FIRST NAMED APPLICANT

ATTY. DOCKET NO./TITLE AH/ Le A 36 807

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Gert Daube

**CONFIRMATION NO. 4884** 

**POWER OF ATTORNEY NOTICE** 



Date Mailed: 09/30/2008

## NOTICE REGARDING CHANGE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 08/27/2007.

• The Power of Attorney to you in this application has been revoked by the applicant. Future correspondence will be mailed to the new address of record(37 CFR 1.33).

/tmjohnson vessels/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101